

ALTERNATIVES TO ABORTION PROGRAM CLIENT SATISFACTION SURVEY

Agency Name: _____

Date Completed: _____

Client race (Check all that apply): ☐ White ☐ African American ☐ American Ind./Alaskan Native
☐ Asian/Pacific Islander ☐ Other

Client Age: _____ County of residence: _____

Have you ever received services from this program before? _____

Please check the box for each service you have received and then circle the rating you give to that service.

☐ **Case Management**

1	2	3	4	5
Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied

☐ **Domestic Abuse Prevention**

1	2	3	4	5
Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied

☐ **Finding a Home**

1	2	3	4	5
Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied

☐ **Paying Electric/Gas Bills**

1	2	3	4	5
Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied

☐ **Continuing School**

1	2	3	4	5
Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied

☐ **Going Back to School**

1	2	3	4	5
Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied

☐ **Job Training**

1	2	3	4	5
Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied

☐ **Job Placement**

1	2	3	4	5
Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied

☐ **Counseling**

1	2	3	4	5
Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied

☐ **Clothing (mom and/or baby)**

1	2	3	4	5
Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied

☐ **Food**

1	2	3	4	5
Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied

☐ **Supplies**

1	2	3	4	5
Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied

☐ **Drug/Alcohol Testing/Treatment Referrals**

1	2	3	4	5
Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied

☐ **Help with an Adoption**

1	2	3	4	5
Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied

☐ **Involving and Teaching the Baby's Father**

1	2	3	4	5
Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied

☐ **Transportation**

1	2	3	4	5
Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied

☐ **Prenatal Care Referrals**

1	2	3	4	5
Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied

☐ **Ultrasound Referrals**

1	2	3	4	5
Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied

☐ **Medical Referrals for Me**

1	2	3	4	5
Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied

☐ **Medical Referrals for my Baby**

1	2	3	4	5
Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied

☐ **Child Care (babysitting)**

1	2	3	4	5
Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied

☐ **Teaching Parenting Skills**

1	2	3	4	5
Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied

Please rate the following statements:

1. I am able to schedule appointments at times that are convenient for me.

1	2	3	4	5
Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree

2. I am seen at my appointment time.

1	2	3	4	5
Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree

3. I am able to decide which service(s) I want.

1	2	3	4	5
Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree

4. I fully understand the service(s) I am receiving.

1	2	3	4	5
Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree

5. The service(s) I receive have assisted me in continuing my pregnancy.

1	2	3	4	5
Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree

6. I am satisfied with the service(s) I receive.

1	2	3	4	5
Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree

7. I would recommend this agency to a friend or family member.

1	2	3	4	5
Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree